



VIRGINIA DEPARTMENT
OF AGRICULTURE AND
CONSUMER SERVICES

Dangerous Dog Registration Change of Address Form

Virginia Department of Agriculture & Consumer Services
Office of Veterinary Services
P.O. Box 1163
Richmond, Virginia 23218
(804) 692-0601

ALL INFORMATION MUST BE COMPLETED AND VERIFIED TO BE ACCURATE BY THE LOCAL ANIMAL CONTROL OFFICER. IMPORTANT: IF THE PRIMARY OWNER HAS MOVED TO A NEW LOCAL JURISDICTION, COMPLETE A DANGEROUS DOG RENEWAL REGISTRATION FORM ALSO. Please attach additional sheets as necessary.

Date Submitted: ____/____/____
(mm/dd/yyyy)

Local Jurisdiction: _____

Assigned Animal Control Officer: _____
First Middle Initial Last

Address: _____
Street City State Zip

Work Phone: (____) _____ Cell Phone: (____) _____

Owner Information: If more than one owner check here ☐, indicate the number of owners _____, and attach a Supplemental Owner Information Change of Address Form for each owner. Number of Supplemental Owner forms attached: _____

PRIMARY OWNER – OLD ADDRESS (Where Dangerous Dog previously lived):

Primary Owner's Name:

First Middle Initial Last

If the owner of a dog found to be dangerous is less than 18 years of age, legal guardian shall be considered the owner of the dangerous dog.

Home Address:

Street City State Zip

Local Jurisdiction: _____

Employment Information:

Place of employment: _____

Address: _____
Street City State Zip

Daytime Phone: (____) _____ Work Phone: (____) _____

Evening Phone: (____) _____ Cell Phone: (____) _____

PRIMARY OWNER – NEW ADDRESS (Dangerous Dog lives with primary owner):

Primary Owner's Name:			
_____	_____	_____	
First	Middle Initial	Last	
If the owner of a dog found to be dangerous is less than 18 years of age, the legal guardian shall be considered the owner of the dangerous dog.			
Home address:			
_____	_____	_____	_____
Street	City	State	Zip
Local Jurisdiction: _____			
Place of employment: _____			
Address: _____			
_____	_____	_____	_____
Street	City	State	Zip
Daytime Phone: (____) _____ Work Phone: (____) _____			
Evening Phone: (____) _____ Cell Phone: (____) _____			
Address where the dangerous dog is maintained:			
_____	_____	_____	_____
Street	City	State	Zip

VIRGINIA DANGEROUS DOG TAG NUMBER: _____

The undersigned do hereby certify that _____
owner(s) of _____, a dog found to be dangerous by a court of competent jurisdiction in Virginia, is
(are) in compliance with and will continue to be in compliance with all provisions and requirements of the Virginia
Dangerous Dog Law as set forth in §§ 3.1-796.93:1 and 3.1-796.93:3 of the Code of Virginia and 2 VAC 5-620, Rules
and Regulations Pertaining to the Establishment of the Dangerous Dog Registry.

Signatures:

PRIMARY OWNER

Date: _____

OWNER

Date: _____

OWNER

Date: _____

LOCAL ANIMAL CONTROL OFFICER

Date: _____